

Training/Workshop Participant Evaluation

Name of Training/Workshop: Printed by USIECR



The U.S. Institute for Environmental Conflict Resolution evaluates all of its services. As a part of this evaluation we ask the participants who have been involved in an Institute training/workshop to provide us with information about their experience. Your responses will be part of the Institute's ongoing evaluation effort, and the data compiled will provide much-needed information that will be used to improve our programs and services. The average estimated reporting burden for this questionnaire is 6 minutes. This estimate includes time for reviewing the instructions, completing, and reviewing the questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Institute. Please note your responses to this questionnaire are confidential. The identity of individual respondents is not recorded.

Please hand in your completed questionnaire at the end of the training/workshop or return to:

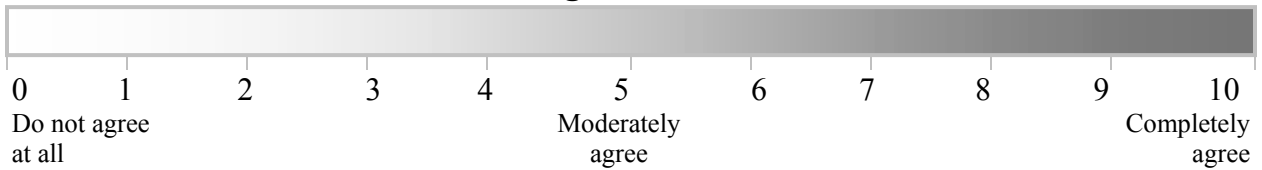


U.S. Institute for **Environmental Conflict Resolution**
Morris K. Udall Foundation

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1. What was the primary objective of this training/workshop?

Rating Scale



2. Using the scale above, please tell us about your experience at this training/workshop by rating your agreement with the following statements:

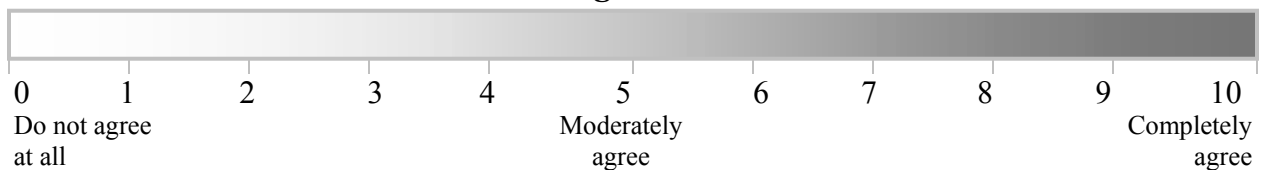
RATING	
_____	a. The primary training/workshop objective was achieved.
_____	b. This training/workshop was worth my time.
_____	c. This training/workshop addressed an important skill/topic that I face in doing my job or is important for my future plans.
_____	d. This training/workshop addressed an important topic for my organization. <input type="checkbox"/> Check if <i>Not Applicable</i> (i.e., I represented myself at this training/workshop)
_____	e. Overall, I have benefited from participating in this training/workshop.
_____	f. I would recommend this training/workshop to others.
_____	g. The facilities were suitable for the training/workshop activities.
_____	h. This training/workshop was an important opportunity for the exchange of experience and information.
_____	i. What I take away from this training/workshop will have a positive impact on my effectiveness in the future.
_____	j. What I take away from this training/workshop will have a positive impact on how my organization functions in the future. <input type="checkbox"/> Check if <i>Not Applicable</i> (i.e., I represented myself at this training/workshop)

3. What were the most important things you learned or accomplished at this training/workshop and why were they important to you?

4. Do you feel this training/workshop can bring about positive change (e.g., I will use my new skills/knowledge to..)? Please check the most appropriate box and elaborate in the space provided.

<input type="checkbox"/> Yes	<input type="checkbox"/> Possibly	<input type="checkbox"/> No
<i>Please tell us how:</i> <hr/> <hr/> <hr/> <hr/>		<i>Please tell us why not:</i> <hr/> <hr/> <hr/> <hr/>

Rating Scale



5. Using the scale above, please rate the trainer(s)/facilitator(s) on the following:

RATING	
_____	a. The trainer(s)/facilitator(s) was familiar with the topics discussed.
_____	b. The presentation/delivery of materials was effective.
_____	c. The materials (e.g., handouts) were a valuable supplement to the training/workshop.
_____	d. The material was covered within the scheduled timeframe.
_____	e. The trainer(s)/facilitator(s) interaction with the participants added value to the training/workshop.
_____	f. There was good interaction between the trainer(s)/facilitator(s) and the participants (asking questions, providing input, keeping the group on track, etc.)
_____	g. The trainer(s)/facilitator(s) encouraged everyone to participate.

6. Using the space below describe anything that stood out to you that added to or detracted from the trainer(s)/facilitator(s) effectiveness.

7. Please tell us how this workshop/training could have been more effective?

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE. PLEASE HAND IN YOUR COMPLETED QUESTIONNAIRE AT THE END OF THE TRAINING/WORKSHOP OR RETURN TO:

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PERSONS WITH DISABILITIES WHO REQUIRE ALTERNATIVE MEANS FOR COMMUNICATION OF PROGRAM EVALUATION INFORMATION SHOULD CONTACT THE U.S. INSTITUTE AT (520) 670-5658.